



Challenges to Traditional Therapy

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Learner Outcomes

- Recognize challenges that exist with traditional talk therapy for clients diagnosed with autism spectrum disorders.
- Learn about different types of barriers that exist when performing counseling with people that have autism spectrum disorder.
- Understand how trauma and crisis can enhance the barrier




MH Issues Related to Common Characteristics of ASD

Common Challenges That May Affect Mental Health & Life Quality

- Executive Function
- Challenges with Social Communication
- Social Skill Deficits

Therapy needed due to..

- Alienate those who might otherwise become part of a typical social network
- Lead to significant day-to-day anxiety and distress
- Cause misunderstandings in school and at work that affect reputation
- Lead individuals to use or abuse substances that help them relax and decrease distress



Related Mental Health Issues continued

Common Challenges

- Challenges with Communication
- Challenges related to Theory of Mind

Each challenge may create a need for therapy because..

- Cause legal and / or financial troubles
- Demonstrate vulnerability to bullies
- Exacerbate relationship problems
- Create anxiety or distress over gender and sex roles



Challenges to Traditional Talk Therapy

- Counselors have been traditionally trained to perform talk therapy with their clients, but it can be challenging when working with clients on the Autism Spectrum, since these individuals typically talk with therapists through monologues and fact-reciting
- Reporting emotional or subjective content often is the biggest struggle for clients diagnosed with ASD
- Clients with ASD need therapists to view them in regards to how they see the world, and assess how to build on their strengths and challenges associated with the condition



Challenges to Traditional Talk Therapy

(VanBergeijk, Klin, & Volkmar, 2008)

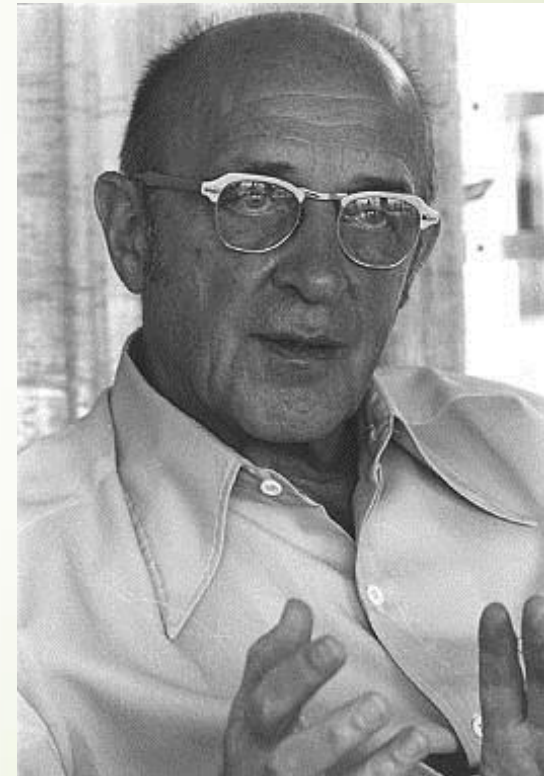
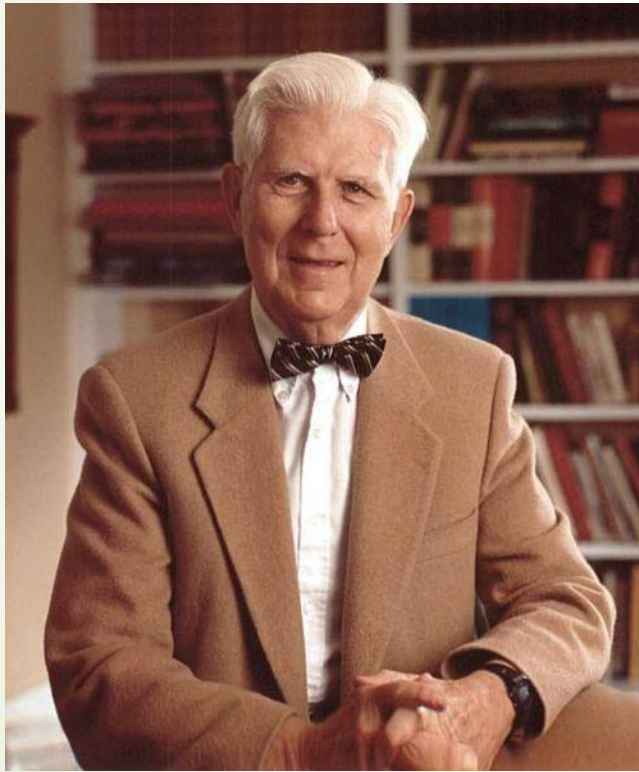
- Insight-related mental health services are likely to have limited success with students living with ASD; psychoeducational is typically a more effective approach
- Directive counseling is a necessity, as students require information otherwise lost due to challenges with social learning and social communication
- Counseling that focuses on skill building should be conducted in rote, sequential steps, and make heavy use of techniques such as role play and coaching. Embed efforts to let skills be generalized




Challenges to Traditional Talk Therapy

- ▶ Traditional techniques such as mirroring, summarizing, reflecting, or silence often seem ineffective when working with this population.
- ▶ Ethical questions, such as dual relationship needs to be redefined due to the uniqueness of the disorder.
- ▶ The traditional counseling environment may need to be modified in some way if possible: Meeting in a different location, not sitting face-to-face, walking & talking, etc.

Traditional Therapies applied to Autism Spectrum Disorders??





Model of Treatment versus ASD clients

REBT—Albert Ellis

- Instructs clients to analyze how “rational” their behavior and thinking are
- In the past, REBT has been criticized as being “harsh” as a therapy
- Sometimes fails to address deeper underlying problems

ASD Client

- Believes their already established behavior is totally “rational”
- Many times someone with ASD will “shut-down” if being directed in a harsh manner
- Past tragic events could have a very important impact on the reason behind emotions and behavior of the ASD client



Model of Treatment continued

Cognitive Behavior— Beck

- Many times focuses on “distorted thinking”
- There could be an absence of free-will within CBT framework
- There’s still some debate about the efficacy of treating depression/anxiety

ASD client

- The ASD client may have very rigid thinking patterns and not wish to “change” themselves
- The rationales of someone with ASD could be very logical even if it goes against the norm
- Many times the ASD client is suffering from some degree of anxiety and are much more prone to depression



Model of Treatment continued

Person-centered— Rogers

- Sometimes real application of knowledge by the therapist is delayed—taking a long time for the client to “feel better”
- Very philosophical approach
- Great for teaching clients to “explore” themselves

ASD Client

- The client may have a difficult time being patient and working through some of Person-centered abstract concepts
- May require more concrete techniques when working through problems
- May want to immediately get to work on core problem and need more fastidious help



Model of Treatment continued

Gestalt Therapy

- Can be very abstract in nature
- Sometimes emphasizes what is being “felt” at the moment
- May require more patience than some modes of therapy

ASD client

- Difficult sometimes to understand abstract concepts
- May be difficult for the individual to communicate what they are feeling at a given moment
- Could lead to further frustration

Challenges to Traditional Counseling: *Typical Therapeutic Timelines*

A professional understanding of common symptoms of Asperger's Disorder is vital; otherwise, the communication challenges, challenges with insight, difficulties with rapport, etc. may be overwhelming to the therapist.

"Despite the certainty of my therapeutic stance, I regularly became uncomfortable with her fantasies and found myself wanting to talk to her as a real girl named Elsa. I would get ahead of myself and want her to be in the room with me as a person, forgetting where we were on establishing a therapeutic spot where she would not be so freighted by being engulfed by her anxiety. Her capacity to use language and logic made it difficult to remember how vulnerable she was to her affect. I also felt vulnerable to feeling overwhelmed by the fragility of our relationship." (Shaft, J.P., 2011)

► Traditional Therapeutic Relationship Timeline:

<i>Initial Stage</i>	→	<i>Working Stage</i>	→	<i>Termination Stage</i>
(rapport/bonding/assessment)		(focus on goals/tasks)		(Effectively planned)



Challenges to Traditional Counseling: *Communication*

1. Counselors are typically trained to talk *with* clients; many clients with ASD talk *at* therapists through monologues or fact-reciting

2. Clients diagnosed with ASD are good at reporting facts, but generally struggle with reporting emotional or subjective content:

"During our second meeting Elsa told me her first story about her imaginary friend, Josie, who was seven and came to visit wearing cowboy boots and riding a black motorcycle. [Elsa reported] how much fun they had running around, digging ditches and climbing the crab apple tree in her backyard. She went on to proclaim that Josie had a favorite color: Black"

"Black," I responded. What do you like about black?" She did not reply."
(Shaft, J.P., 2011)

Communicative barriers/social barriers

- During therapy or discussion, a client with ASD may engage in one-sided conversations
- They may have little concept of time or knowing when to start/stop a conversation
- Giving a concrete time for the conversation or dialogue to end may be important
- Subtle gestures such as looking at your watch may not be interpreted correctly





Social Isolation as a Challenge

- Many times clients and students with Autism Spectrum Disorder may appear as if they have no interest in socialization with their peers
- In younger settings, they may appear as if they only want to play with themselves; when not in a play environment they may also not directly communicate with peers or older adults
- It can be very crucial to teach these individuals how to interact or play with others in their same age group
- If they are not actively playing with others their same age, they may not be very adamant about individual or group therapy

Tasks and Career counseling



- Attempting to engage a client with ASD in “homework” or some therapy task may prove difficult
- There may be many attempts or prompts in order to get them to follow-through with the given task
- Career counseling or vocational counseling can be very difficult at times due this rigid inflexibility
- Again, routine is extremely crucial to individuals on the ASD Spectrum



Heading towards graduation..

- Difficulty in any outgoing activities that may require social interaction
- Can create problems if actively trying to engage in the college application process
- Adamant about not trying anything new
- May be very intelligent and achieve high academic scores but reluctant to engage in any other extracurricular activities

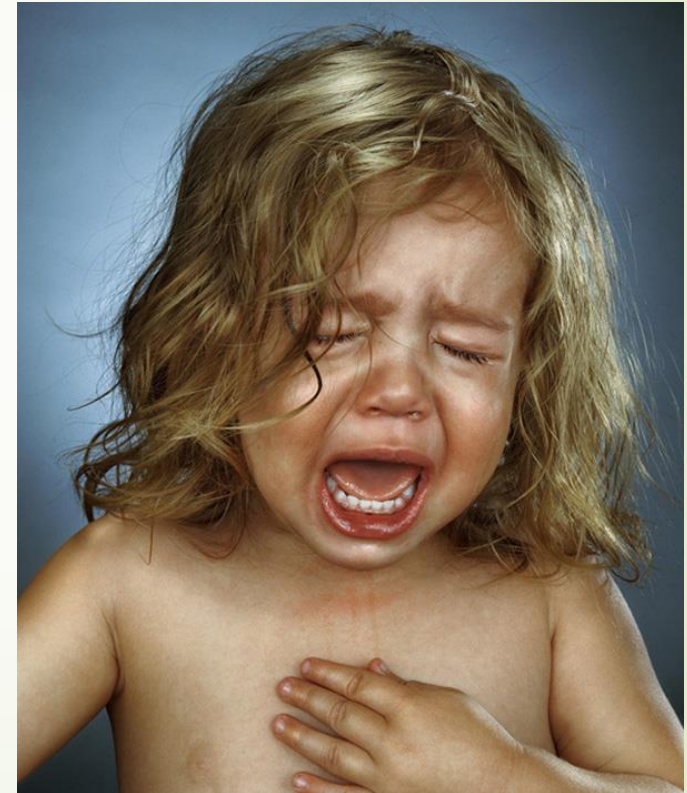
Restricted interests as barrier

- An additional barrier to therapy or general conversation may be a restricted interest
- This could lead to one-sided conversation
- Attempting to bring the individual back to “your” conversation may prove very difficult
- At times however it may be cathartic for the client to just “talk” about the specific restricted interest at length



Trauma, crises, and ASD

- ▶ When the client with ASD experiences trauma or crisis, the barriers and challenges will only increase exponentially
- ▶ People with ASD can bounce back easier if they can learn some resiliency





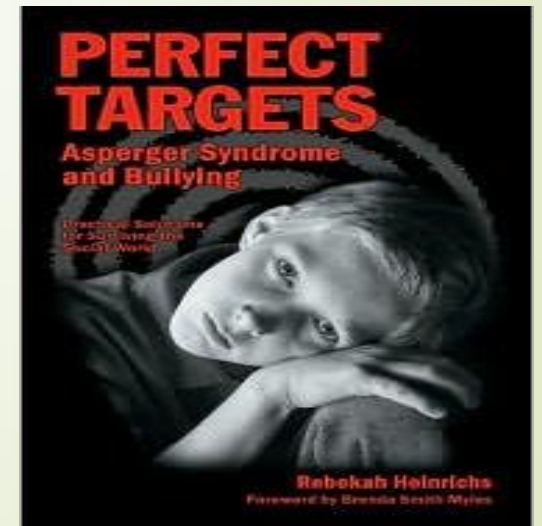
Trauma and ASD

- ▶ Typical causes and dangers of psychological trauma include harassment, embarrassment, sexual abuse, employment discrimination, police brutality, bullying, domestic violence.
- ▶ When a client with ASD becomes “embarrassed”, they may only turn inward more and isolate themselves from others to a higher degree.
- ▶ Unfortunately, “bullying” has become more of a challenge for students that are on the Autism Spectrum.
- ▶ So what makes our friends on the spectrum such “perfect targets”?

“Perfect Targets” as ASD

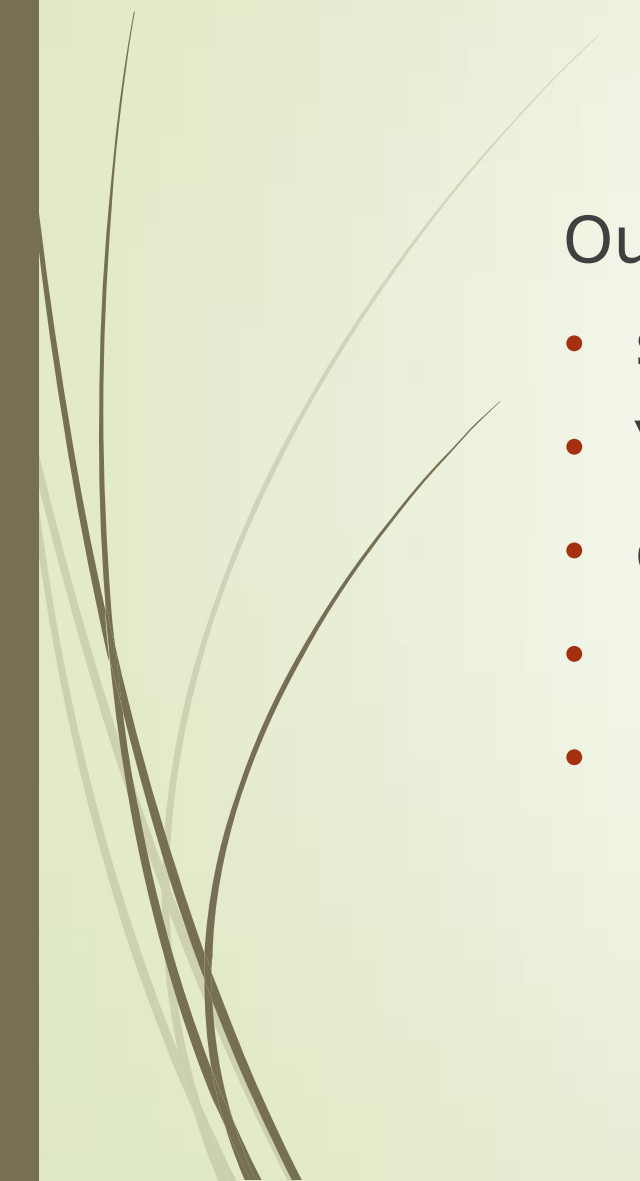
Generally speaking


- frustrate peers
- rejected by peers
- clumsy
- challenges with age-appropriate social strategies
- emotionally vulnerable
- anxious, easily stressed
- inflexible
- socially naïve





Our Friends with Autism that are more passive:


- socially withdrawn
 - “loners”
 - deeply prefer special interests
 - lack reciprocity in play
 - relate better to adults than peers
- 



Why Are Our children Are “Perfect Targets”?



Our Friends with Autism that are more outgoing:

- impulsive
- ineffective ability to “fight back”
- bossiness
- “in your face” social style
- seen as odd or ill-mannered
- oblivious to the feelings and responses of others



Addressing the child from a Parent or Counselor:

- Let your child know it is normal to feel hurt, fear, embarrassment, shame, and anger.
- Stay calm – do not be too quick to blame anyone – do not respond until you have details.
- Make sure your child understands that no one deserves to be bullied.
- Don't tell your child to retaliate.
- Don't tell your child to ignore the bullying.
- Tell your child to avoid the bully – when possible.

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- Discuss the bullying events with your child (who, what, where, etc.) – do not interrogate – avoid “Why” and “You” statements.
 - Keep a log/diary and take picture of injuries – report physical assaults to school.
 - Ask your child to write down what happened, thoughts, and feelings.

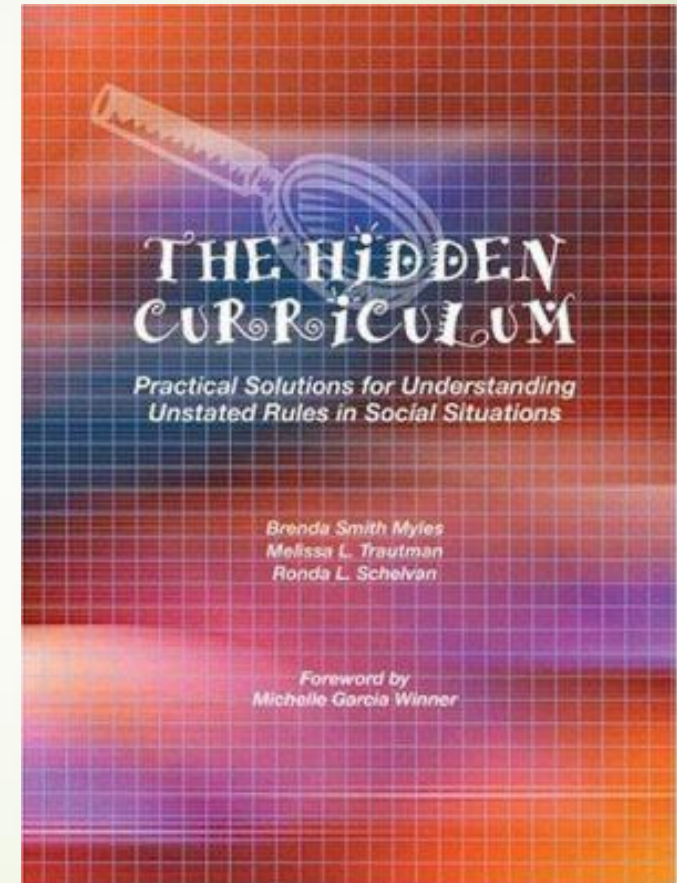


Hidden Curriculum as a challenge

- Many times it is just assumed that people know social rules, or have learned standard social rules growing up
- This is not always the case with individuals on the Autism spectrum
- Ex.: Most people know to wear clothing on top of their undergarments before going into a public domain
- Ex.: Many people are “time-conscious” and are aware that people have places to go and things to do
- Ex.: Usually people attempt to be semi-presentable when going to work or class—putting on deodorant, showering, personal hygiene, etc.
- It may be necessary to remind individuals with ASD about these hidden rules

Hidden Curriculum continued

- ▶ If a therapist gives an ASD client homework, they may not complete it unless given prompts or concrete time slots
- ▶ Sometimes when not knowing about this hidden curriculum, a client may say or do things in the counselor's presence that go against the norm (criticizing your office, saying outlandish observations)
- ▶ Usually, their feelings will not be hurt if you point out this hidden curriculum—it's a teaching moment



Poor Reputation as a Individual Challenge

- Reputation in the community or in various settings could have a large impact on an individual's success
- There is some debate about how free someone's reputation could be—to be hindered or not
- Poor reputation could lead to job loss, social isolation, or rejection
- Increasing positive reputation can be covered by various techniques



Rapport and therapy isn't impossible however..



Keys To Building A Therapeutic Relationship

- Give obvious, demonstrative feedback
– no subtle hints! Avoid metaphors
- Appeal to their intelligence and logic when attempting to challenge perspective
- Self-disclose in a respectful, responsible way if you understand something they are going through. Many with ASD mistakenly think their experiences are unique to them
- Identify strengths, and work with those to establish rapport and to learn skills



Summing up..

- In traditional therapies, many times it is quite common to challenge your client to perform some homework task.
- Sometimes this approach may backfire for a therapist in which the ASD client may shut-down or isolate themselves socially
- If you have a client that is more highly effected or non-verbal, it will be more difficult to perform traditional therapy—especially talk therapy
- If you have a non-verbal client that has many challenging behaviors, it may be more necessary to take a primitive behavioral approach to addressing their needs
- There are ways to surpass these barriers however, and certain techniques that are more effective to counseling individuals with Autism Spectrum Disorder

Questions??/Discussion..

